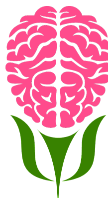

AUSTIN PSYCHOLOGICAL
AND TESTING CENTER

2403 West Ben White Boulevard Austin, TX 78704
201 S. Lakeline Blvd. Ste 904 Cedar Park, Tx 78613
Office 512.707.2782   512.707.2783 fax
Website: www.austintestingandtherapy.com
Email: f.garces@austintestcenter.com

Non-Custodial Parent Agreement

this form is for the non-custodial parent of a minor only - please skip if you are the custodial parent or an adult patient

Patient Name: ____

D.O.B________________________SS# ___________________________

NCP Contact Information:

NCP Name: ___________________________

Contact Number: _____________________ Alternate Number: _____________________

Current Mailing Address: ____

City: ____________________State: ______ Zip: ___________________

E-mail: ____

AUSTIN PSYCHOLOGICAL
AND TESTING CENTER

_________ **I am aware that testing is being performed on my child and consent to the services**.
initial here

Please allow 2 business days notice if you are unable to attend your scheduled appointment or you will be charged a $100.00 cancellation/no show fee.

I hereby authorize the clinician to release all information necessary to secure payment of benefits from my insurance company. I authorize the use of this signature on all my insurance submissions whether manual or electronic. I fully understand that I am financially responsible for all charges whether or not paid by my insurance company.

Signature: _____________________________________

Printed name of person completing this document: _____________________________

Relationship to the patient: _______________________________